

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002381

**Entity Name:** STONEBRIDGE WOMENS GOLF ASSOCIATION, INC.**Current Principal Place of Business:**2100 WINDING OAKS WAY  
NAPLES, FL 34109**Current Mailing Address:**2240 ASHTON OAKS LANE  
#203  
NAPLES, FL 34109 US**FEI Number:** 45-0604515**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATHLEEN TYBURSKY TR  
2240 ASHTON OAKS LANE  
#203  
NAPLES, FL 34109 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KATHLEEN TYBURSKY

04/13/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                               |
|-----------------|-------------------------------|
| Title           | TREASURER                     |
| Name            | TYBURSKY, KATHLEEN            |
| Address         | 2240 ASHTON OAKS LANE<br>#203 |
| City-State-Zip: | NAPLES FL 34109               |

|                 |                            |
|-----------------|----------------------------|
| Title           | SECRETARY                  |
| Name            | LAPIER, DIANE              |
| Address         | 2080 ABERDEEN LANE<br>#202 |
| City-State-Zip: | NAPLES FL 34109            |

|                 |                               |
|-----------------|-------------------------------|
| Title           | PRESIDENT                     |
| Name            | GRILLO, GERALDINE             |
| Address         | 2256 ASHTON OAKS LANE<br>#101 |
| City-State-Zip: | NAPLES FL 34109               |

|                 |                               |
|-----------------|-------------------------------|
| Title           | VP                            |
| Name            | GRAZIANO, DOROTHY             |
| Address         | 2240 ASHTON OAKS LANE<br>#201 |
| City-State-Zip: | NAPLES FL 34109               |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN TYBURSKY

TR

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date